

**INSTRUCTIONS FOR FILING ANNUAL STATEMENT SUPPLEMENT FOR MISSOURI FOR
YEAR ENDING DECEMBER 31, 2022**

PLEASE READ CAREFULLY.

The Annual Statement Supplement for Missouri form filing, which is due by March 1, 2023, can now be filed electronically. Hard copies of this form will not be mailed.

The Annual Statement Supplement for Missouri form is used to collect data in greater detail than that of the Missouri State Page of the Annual Statement. All Life, Accident & Health, Health Service Corporations and Fraternal companies are required to submit an accurate and complete report of their business in all of the lines specified as per 20 CSR 200-1.037. The Supplement form may be found by scrolling down to "Statistics." To ensure the accuracy of data, a list of edits is included with the instructions. All companies are required to submit an accurate and complete report of their business in all of the lines specified.

Prior to submission, please ensure that data conforms to the criteria enumerated under the **EDITS** section below. If amounts on the supplement form fail to reconcile to corresponding amount on the annual statement, email an explanation to the address below explaining such discrepancies to avoid being contacted by this office.

A **NONE** report is required for companies with no Missouri business (i.e. a zero-filled report).

The Supplement is to be completed and received by the Missouri Department of Commerce & Insurance by March 1, 2023. Each company must file a separate submission, when filing electronically. If your company is unable to submit electronically, a hard copy may be mailed to the attention of the Statistics Section at the address listed below. If filing electronically, you are encourage to print a copy for your records.

A copy of both the Supplement and the Missouri State Page of the Annual Statement should accompany your premium tax return.

If you have any questions, please contact the Statistics Section at Statistics@insurance.mo.gov, or by phone at 573-751-3163.

Missouri Department of Commerce & Insurance
Statistics Section
P.O. Box 690
Jefferson City, MO 65102

Missouri Department of Commerce & Insurance
Statistics Section
Truman State Office Bldg.
301 W. High St., 5th Floor, Room 530
Jefferson City, MO 65101

ELECTRONIC FILING INSTRUCTIONS

The fillable form can be accessed on our electronic filing system at <https://apps.dci.mo.gov/ProfLiab/MedMal/Login.aspx?ReturnUrl=%2fProfLiab%2fModules%2fHome.aspx>. Instructions for how to register for the portal can be found in the User Guide section of this document.

Once you complete all data fields on this form, you can save the data by using the “EXPORT” button. This will export your data to an XML file. You may reimport this saved file by clicking on “Import,” then “Choose File” and selecting the save XML file. When all fields have been completed click on the “SUBMIT” button. A popup will appear saying the filing was submitted successfully. You are encourage to retain a copy of the submission for your records.

SUPPLEMENT INSTRUCTIONS AND EDIT VERIFICATION FORM

Data Edits for those who file the P&C (Yellow) Blank

For each of the following lines, test to ensure that amounts reported on the Missouri Supplement correspond to the following data elements on the State Page of the Annual Statement:

Line of business	Lines on Supplement	Lines on Annual Statement – State Page
Fire & Allied Lines	1A, 1B, 1C	01, 02.1
Multi-Peril Crop	35	02.2
National Flood Ins Program	34A	02.3
Private Crop	7	02.4
Private Flood	34B	02.5
Farmowners	3	03
Homeowners	4A, 4B, 6	04
Commercial Multi-Peril	5	05.1, 05.2
Mortgage Guaranty	29	06
Ocean Marine	8	08
Inland Marine	9	09
Financial Guaranty	10	10
Medical Malpractice	11A – 11F	11
All A&H	14	13, 14, 15.1 – 15.7
Workers Compensation	16	16
Other Liability	17A, 17B, 31, 31A, 31B, 32	17.1, 17.2, 30
Excess Workers Comp	17C	17.3
Product Liability	18	18
Private Auto	19A1-19A6, 21A1, 21A2	19.1, 19.2, 21.1
Commercial Auto	19B1-19B4, 21B1, 21B2	19.3, 19.4, 21.2
Aircraft	22	22
Fidelity	23	23
Surety	24	24
Burglary & Theft	26	26
Boiler & Machinery	27	27
Total Missouri Business	36	35
For Companies that File the Health Blank		
Medicare Supplement	4.2, 5.2	Med Supp Column, Lines 12, 15, 17, 18
Federal Employee Health	5.1E	Fed. Employee Column
Medicare*	4.14, 5.14	Medicare Column
All Other A&H	4.1, 4.3-4.13, 5.1A-5.1D, 5.3-5.13,	Columns for Individual, Group, Vision, Dental, and Other

*On the annual statement, standalone Part D plans are reported as “other health” and not as Medicare. For this reason, Supplement lines 4.13 and 5.13 are not included in this edit.

Data Edits for those who file the Health (Orange) Blank

For each of the following lines, test to ensure that amounts reported on the Missouri Supplement (A&H portion) correspond to the following data elements on the State Page of the Annual Statement:

- Line 12 – Premium Written
- Line 15 – Premium Earned
- Line 17 – Losses paid
- Line 18 – Losses incurred

The following amounts should roughly reconcile across the MO Supplement and the State Page of the Annual Statement	
MO Supplement Line	State Page – Health Blank
Line 4.1 (Individual Comprehensive)	Col 2 – (Individual comprehensive)
Group Comp (sum of lines 5.1A-5.1D)	Col 3 - (Group comprehensive)
Line 5.1E – Fed Employee	Col. 7 – Federal Employees
Sum of lines 4.2 & 5.2 – Medicare Supp	Col 4 – Medicare Supplement
Sum of lines 4.14, 5.13 (Medicare, excl. part D)	Col 9 – Medicare (excl. part D)
Sum of lines 4.7 & 5.7 – Dental	Col 6 – Dental
All Other – Sum of lines 4.3 – 4.13, 5.3 -4.13	Sum of columns 5 (vision), 8 (Medicaid) and 10 (Other)*

*On the State Page of the Health Annual Statement, Column 10 (Other) includes stand-alone Medicare Part D policies.

Data Edits for those who file the Life (Blue) Blank

For each of the following lines, test to ensure that amounts reported on the Missouri Supplement correspond to the following data elements on the State Page of the Annual Statement:

The following amounts should roughly reconcile across the MO Supplement and the State Page of the Annual Statement	
MO Supplement Line	State Page – Life Blank
Column 2, line 3 (Total Life Premiums)	Column 5, line 5
Column 3, line 3 (Total Life Dividends)	Column 5, line 8
Column 4, line 3 (Total Life Claims)	Column 5, line 15
Column 5, line 3 (Total Life in Force)	Column 10, line 23
Column 2, line 6 (Total A&H Premiums Written)	Column 1, line 26
Column 3, line 6 (Total A&H Premiums Earned)	Column 2, line 26
Column 4, line 6 (Total A&H Dividends)	Column 3, line 26
Column 5, line 6 (Total A&H Losses Paid)	Column 4, line 26
Column 6, line 6 (Total A&H Losses Incurred)	Column 5, line 26

STATISTICS CLAIM REPORTING PORTAL USER GUIDE

Account Management

Users require an approved account to create, update or close claims/data. New users must create an account and received approval prior to creating, updating, or closing claims/data. Existing users will need to sign in to manage their account information.

Account Registration

Required Information: Users will need to create and/or provide the following information when registering for an account with DCI:

- Create a User Name
- Provide a valid Email Address
- Create a Password
- Provide valid NAIC number(s)
- Provide Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information

Registration Process

New users must register with DCI to gain access to the application. Begin the account creation process by navigating to the Statistics Claims Reporting portal located on the internet at <https://apps.dci.mo.gov/ProfLiab/MedMal/Login.aspx>.



The screenshot shows the 'SIGN IN' page of the Statistics Claims Reporting Registration portal. The page has a blue header with the Missouri State Seal on the left and the text 'STATISTICS CLAIMS REPORTING REGISTRATION' in the center. Below the header, the page is titled 'SIGN IN' and 'Account Information'. A central box contains the following text and form elements:

Please enter your username and password.

Username:

Password:

[User Guide](#)

[Can't access your account?](#)

Not Registered? [Sign up](#)

[Contact Us](#)

Once you navigate to the site, in the middle of the screen on the 'Sign In' page, click the hyperlink titled **Sign up**. The hyperlink will redirect you to the Registration Page.



STATISTICS CLAIMS REPORTING REGISTRATION

REGISTER

Account Information

Please complete the fields below.
All fields are required.

If you already have an account please click [Here](#)

Username:

Email:

Password:
 [Help](#)

Confirmation Password:

Contact First Name:

Contact Last Name:

Contact Title:


Contact Phone Number:

Contact Street Address:

Contact City:

Contact State:

Contact Zip Code:

 When this symbol appears, an error has occurred in the associated field, hover over symbol for error message

Complete the information requested on the form:

Username: Create and type your username in the textbox provided. Your username can be your email address, company name, personal name, etc.

Email: Provide a valid email address in the textbox provided. After creating your account, you will receive emails pertaining to your account and claims. Be sure to keep this information updated.

Password: Create a password, which consists of at least fifteen characters. Include at least one upper case letter; one lower case letter; and one number or special character. Type the password you created into the textbox provided.

Confirmation Password: Retype your password into the 'Confirmation Password' text box to verify the password match. If the passwords do not match, please correct any errors or typos.

Contact First Name: Enter the account contact first name.

Contact Last Name: Enter the account contact last name.

Contact Title: Enter the account contact title.

Contact Phone Number: Enter the primary phone number for the account in which you are registering.

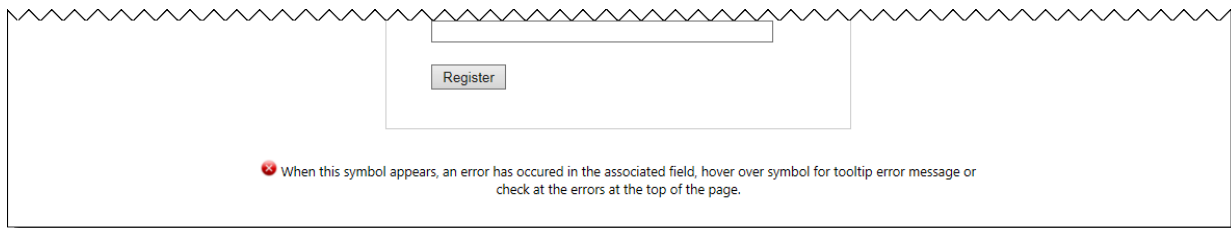
Contact Street Address: In the text box provided, enter the street address for which the account will be register.

Contact City: Enter the name of the city for the account in which you are registering.

Contact State: From the drop down menu, select the state associated with the address provided above.

Contact Zip Code: Enter the zip code associated with the address provided above.

After you have entered all the requested information, click the **Register** button to continue with account creation. The depiction of a red 'x' next to a field indicates an error associated with field requirements. *Follow prompts provided to correct online registration inconsistencies or errors.*

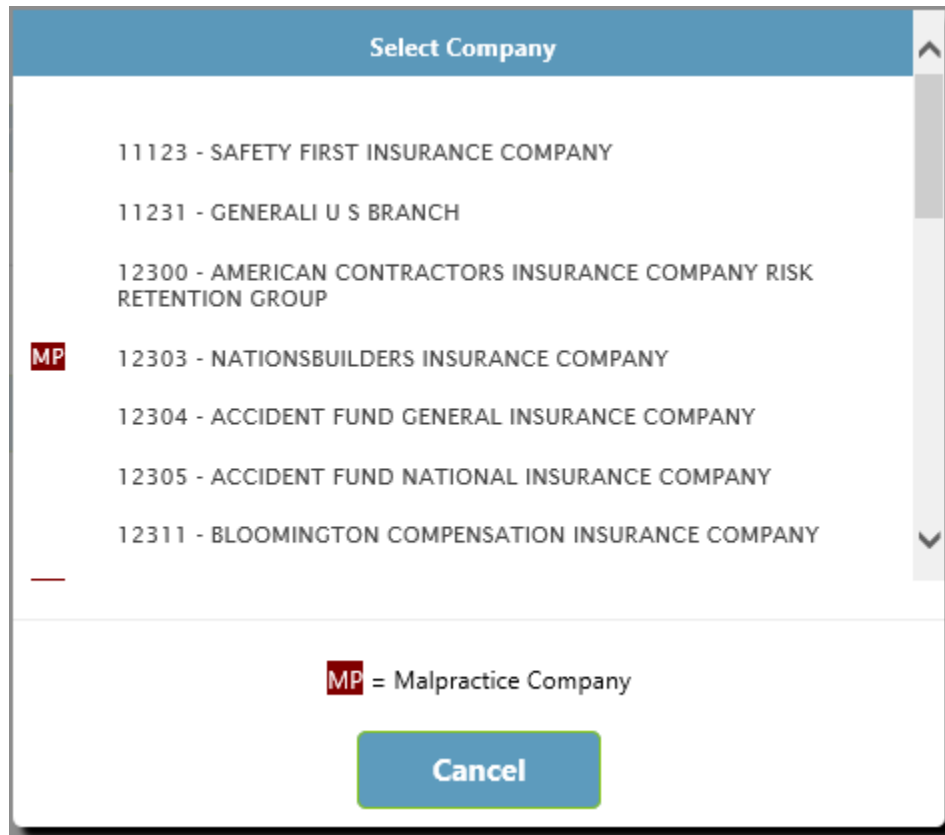


After successful completing of part 1 on the registration form you will be directed to company and forms pages. Here you will select all company(s) associated with your account. You will also select which forms are associated with each company you register for.



Find Company: Enter the NAIC code for the company you wish to register. (Partial searches are allowed.)

Next click Find Company. A window will pop up displaying a scrollable list of all possible matches to the criteria you entered. Select the one you want by clicking on it.



The next screen will allow you to verify you have the correct company and select the form or forms you need associated with this company.

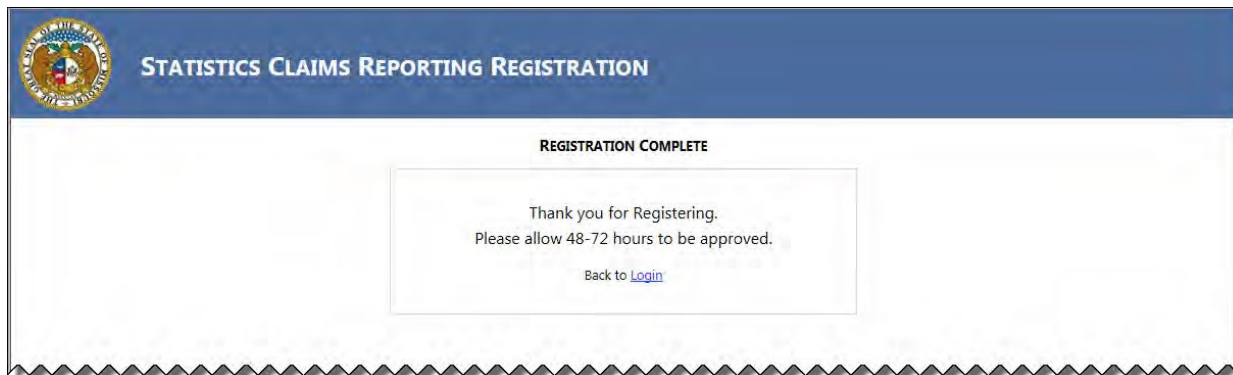


Ensure all the applicable services have been checked here.

If the company select is incorrect you can delete this entry by clicking on the red “X” after the company name.

Before selecting the **Register** button, confirm you have all company(s) listed that will be associated with your user account.

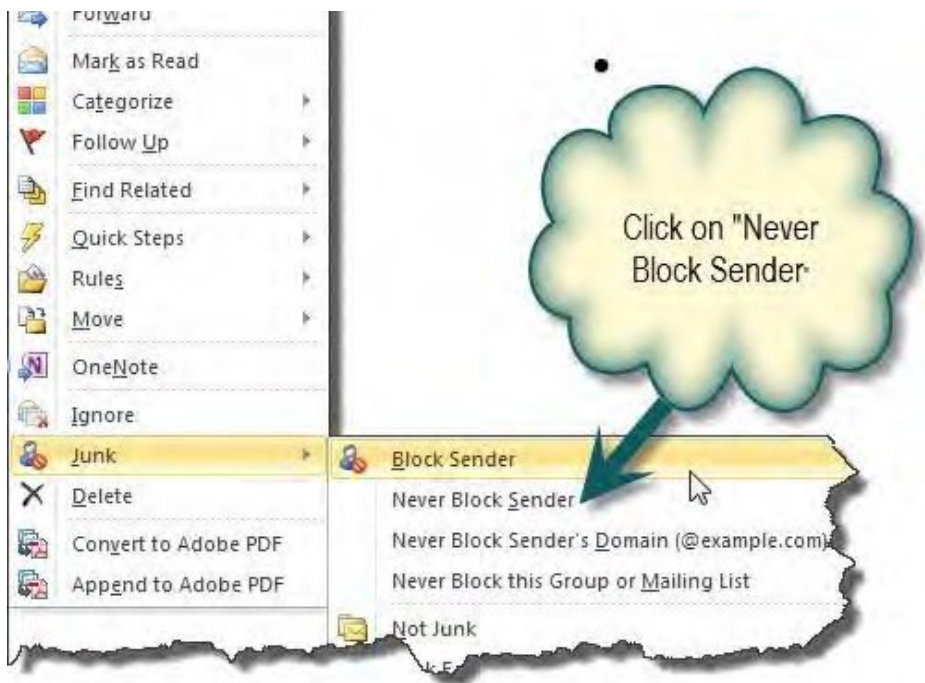
After selecting the **Register** button, the webpage redirects to the *Registration Complete* page. You will also receive an email notification verifying your registration.



It is important to note that processing registrations can take up to 48-72 hours before account approval. You will receive a confirmation email, once the account is accepted.

Don't See Your Email

If you do not see your confirmation email, check your Junk email folder. If you find it in the Junk folder, Right Click on the email title and then move down to Junk and then select NEVER BLOCK SENDER.

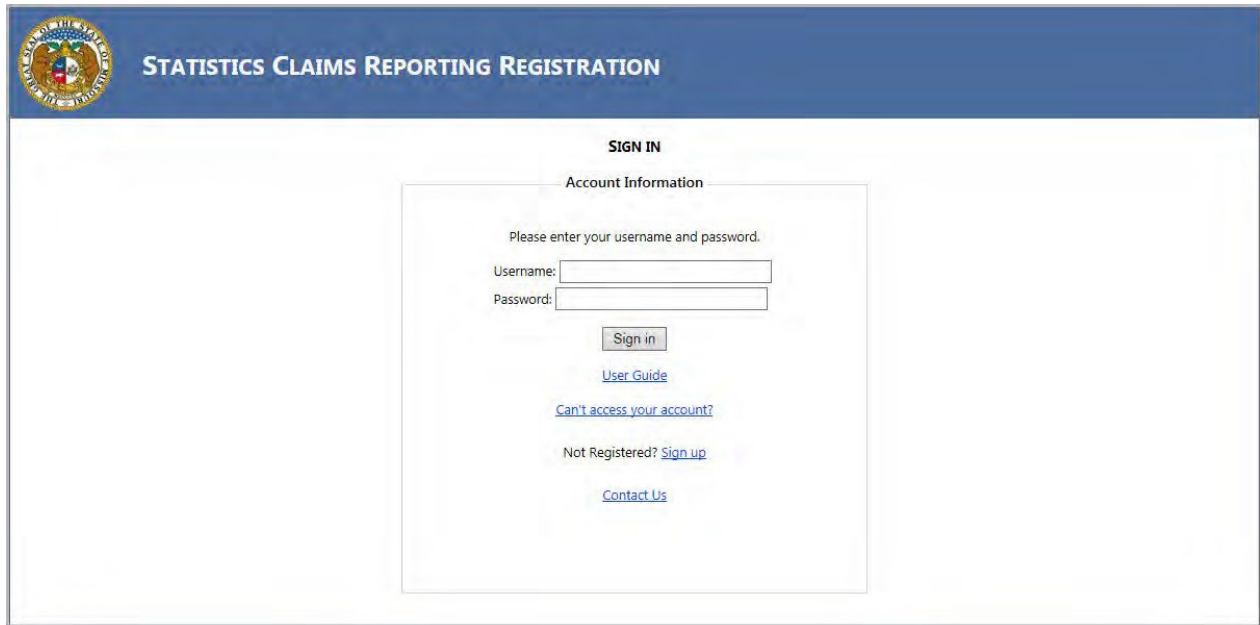


Contact Information Updates

It is important to keep your contact information up-to-date, log into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option. The system automatically approves updates immediately but account changes process nightly.

To log in, provide your username and password.

- If you forget your account login information, you may request your information sent to your on- file email address by selecting the “Can’t access your account?” link.



The screenshot shows the 'SIGN IN' page for the 'STATISTICS CLAIMS REPORTING REGISTRATION' system. The page features a blue header with the state seal of Missouri on the left and the title 'STATISTICS CLAIMS REPORTING REGISTRATION' in white text. Below the header, the page is titled 'SIGN IN' and 'Account Information'. A central white box contains the login instructions: 'Please enter your username and password.' Below this are two input fields: 'Username:' and 'Password:'. A 'Sign in' button is positioned below the password field. At the bottom of the white box, there are four hyperlinks: 'User Guide', 'Can't access your account?', 'Not Registered? Sign up', and 'Contact Us'.

Once you log in, the page redirects to the portal homepage. From the portal homepage, you can navigate to your account settings; select your NAIC company code and form type.

Contact Us

Contact the Department of Commerce and Insurance, Statistics Section, for help with claims/data by email at: Statistics@insurance.mo.gov.

User Guide

This User Guide can be obtained from the *User Guide* menu as well as from the DCI web site at http://insurance.mo.gov/industry/filings/stats/User_Sign-Up_Guide_v2.pdf

Logout

Before closing the application, be sure to logout. To logout, select the Sign Out hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.